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APPLICANTS

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** CONTINUING DATA *****

none/LCM

** FOREIGN APPLICATIONS *****

none/LCM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 12/15/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>LCM</i>	STATE OR COUNTRY FRANCE	SHEETS DRAWING 8	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2
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ADDRESS

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TITLE

Therapeutical treatment with oligo-beta- (1,3) -glucans, drugs used in said treatment

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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